



Women's Wellness Connection

Prevention Services Division

Breast Cancer Screening Guidelines Fiscal Year 2014

I. Required Breast Health History and Breast Health Education

A breast health history must be recorded in the clients chart. Breast health history must include questions about:

1. Personal history of breast cancer
2. First degree relative with breast cancer (e.g. mother, sister)
3. New breast symptoms in the past 3 months

Breast health education must be provided to receive reimbursement for breast services that do not go beyond level B1 of the Bundled Payment System (BPS). Education may be provided to the client in verbal or written form. Breast health education should include information about:

1. Current recommendations about breast cancer screening intervals
2. Information about the risks and benefits of mammogram screening

II. Clinical Breast Exams

A clinical breast exam (CBE) may be provided yearly at the discretion of the provider. Yearly CBE's are considered optional by WWC and may be performed based on the provider and the client's determination of need. Performance of a CBE is not required to receive reimbursement at level B1 of the BPS for breast cancer screening services.

III. Screening Mammography

1. Annual screening mammograms are covered for women ages 50-64.
2. Annual screening mammograms for women ages 40-49 are only covered for women with the following risk factors:
 - a. Personal history of breast cancer

- b. First degree relative with breast cancer

IV. Breast Diagnostics and Management of Abnormal Breast Findings

Breast diagnostic services are covered for all women eligible for WWC if they have a breast symptom, have an abnormal CBE, or been referred into the program for a diagnostic work-up.

Requirements for Management of Abnormal Breast Exams or Imaging Results:

1. The 2011 Breast Cancer Diagnostic Algorithms for Primary Care Providers (4th Ed.) must be used by WWC providers to guide clinical decision making in the work-up of breast abnormalities. Copies of the algorithms can be downloaded at https://gap.sdsu.edu/screening/breastcancer/bda/pdf/BDA_4th%20Edition_tabv_sec.pdf
2. Both a diagnostic mammogram and an ultrasound should be ordered to help complete a diagnostic evaluation for women with a suspicious CBE or suspicious breast symptoms.
3. Both the CBE and diagnostic imaging results should be concordant before a diagnostic evaluation is considered complete. The ordering clinician or clinical case manager should ensure that all results are concordant before closing a case for payment in eCaST. **This means that the findings from the CBE must match the diagnostic findings.** If the results of the CBE and diagnostic imaging are discordant, the client should be referred for further evaluation.
4. WWC will cover breast biopsy of a suspicious breast mass or lesion whenever it is indicated or recommended by a physician. WWC will not cover surgical procedures on benign breast masses for cosmetic or pain management reasons.
5. Ductograms are covered when the procedure is being performed to rule out breast cancer.

V. Breast Procedures Not Covered by WWC

1. Magnetic Resonance Imaging (MRI)
2. Computer Aided Detection (CAD)
3. Breast ultrasound or Automated Whole Breast Ultrasound as a screening method

VI. Breast and Cervical Cancer Medicaid Program (BCCP) for the Treatment of Eligible Diagnoses

All women enrolled in WWC with an eligible diagnosis may apply for BCCP Medicaid if they are in need of **active treatment**. Women who are under close surveillance only (e.g. follow-up or repeat mammogram) are not eligible for BCCP Medicaid.

1. **Active treatment** is defined as a woman in need of any of the following: surgical interventions, chemotherapy or radiation, or chemoprevention (e.g. Tamoxifen).

2. The following BCCP eligible diagnoses: Atypical Lobular Hyperplasia (ALH), Atypical Ductal Hyperplasia (ADH), Lobular Carcinoma in Situ (LCIS)/Lobular Neoplasia and Benign Phyllodes Tumor may not require active treatment, especially if the diagnosis was made by an excisional biopsy. If one of these diagnoses is made by an excisional biopsy, verification that a patient is in need of active treatment is required by WWC before a woman will be approved for BCCP Medicaid.

References

California Department of Public Health, Cancer Detection Section, Breast Expert Workgroup (2011). *Breast Cancer Diagnostic Algorithms for Primary Care Providers* (4th ed.).

Retrieved from

https://gap.sdsu.edu/screening/breastcancer/bda/pdf/BDA_4th%20Edition_tabv_sec.pdf

U.S. Preventive Services Task Force (2009). *Screening for Breast Cancer*. Retrieved from

<http://www.uspreventiveservicestaskforce.org/uspstf/uspsbrca.htm>